

# Plan Highlights

## Voluntary Group Long Term Disability Insurance



### Jackson Parish School Board

#### WHO IS ELIGIBLE?

All full-time employees

#### WHEN DO MY BENEFITS BEGIN?

You may select from the following elimination period options:

**Option 1** - 0 day for injury, 3 days for sickness\*

**Option 2** - 14 days for injury, 14 days for sickness\*

**Option 3** - 30 days for injury, 30 days for sickness\*

**Option 4** - 60 days for injury, 60 days for sickness

**Option 5** - 90 days for injury, 90 days for sickness

**Option 6** - 180 days for injury, 180 days for sickness

*\*If you are hospital confined as an inpatient for your disability and have selected an elimination period of 30 days or less, benefits begin immediately. Inpatient means an individual who is physically confined for an overnight stay, as a registered bed patient in a hospital or institution, as defined in the policy or plan.*

#### WHAT IS THE BENEFIT AMOUNT?

You may elect a monthly benefit in increments of \$100 from a minimum of \$200, up to a maximum benefit of \$7,500, not to exceed 66.67% of your covered salary. If at any time the monthly benefit you have chosen exceeds 66.67% of your covered salary, your benefit amount will be reduced to the highest increment for which you are eligible.

#### WILL MY BENEFITS EVER BE REDUCED?

After 12 months of benefit payments, the amount of benefit you receive or are eligible to receive from various sources will reduce your benefit amount. However, in no event will the benefit payable be less than 25% of the disability benefit you elect.

#### HOW LONG WILL I RECEIVE BENEFITS?

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits (in years)
61 or less	To Age 65
62	3½
63	3
63	2½
65	2
66	1¾
67	1½
67	1¼
69 or more	1

Or Employee's Normal Retirement Age

#### WHAT FEATURES ARE INCLUDED IN MY PLAN?

- Conversion Privilege
- Extended Disability Benefit
- Limited Benefit Period for Other Specific Conditions - 24 months
- Mental/Nervous Illness Limitation - 1 year
- Own Occupation - 24 months
- Pre-Existing Condition Limitation - 3/12
- Pre-Existing Condition Benefit (newly eligible employees)
- Specific Indemnity Benefit
- Substance Abuse Limitation - 1 year
- Survivor Benefit - 3 times your gross monthly benefit
- Work Incentive and Child Care Expense Benefit
- Worksite Modification

#### ARE THERE ANY ADDITIONAL SERVICES AVAILABLE UNDER THIS PLAN?

- Travel Assistance Service
- Employee Assistance Program
- Identity Theft Recovery Services

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This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.

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